

Libby Community Advisory Group

Meeting Summary

March 9, 2006

Introductions

Gerald Mueller and members of the Libby Community Advisory Group (CAG) introduced themselves. A list of the members in attendance is attached below as Appendix 1.

Agenda

The CAG agreed to the following agenda for this meeting:

- = Agency Reports
 - ⊗ EPA
 - ⊗ TAG
 - ⊗ CARD Clinic
- = Public Comment

EPA Report

Peggy Churchill reported for EPA on the following topics.

Cleanups - Cleanup work has resumed. Seven residences have been cleaned, and five or six are underway.

Supervisor and Inspector Training - The training session was held on February 22. EPA vies it as successful. Another session will be offered this coming November or December after the construction season ends.

Record of Decision - Work continues in Denver on the proposed plan and record of decision (ROD) for the Libby remediation work.

Senator Baucus and Secretary Leavitt Visit - John Wardell will be EPA's representative during Senator Baucus' and Secretary Leavitt's visit to Libby tomorrow.

CAG Member Question - I understand that EPA may issue an interim ROD. Could you explain why?

Answer - The ROD could take several forms. Because the operation and maintenance plan may not be finished, EPA is leaning towards issuing an interim rather than a final ROD. We are trying to decide what is the best approach for Libby. We may still issue a final ROD, which can be amended in the future through an ESD. We must review a final ROD every 5 years

CAG Member Question - Would issuing an interim ROD provide a cushion for public involvement?

Answer - Public comment follows the issuance of the proposed cleanup plan. The ROD must include a section responding to public comment. Regardless of the approach to the ROD, the public will have a 30-day comment period on the proposed plan.

CAG Member Question - Will the risk assessment be issued prior to the proposed cleanup plan?

Answer - Yes.

CAG Member Question - Will EPA conduct a drop test of Libby amphibole?

Answer - Before the proposed plan is released, EPA will issue a remedial investigation report supported by technical memoranda. These memoranda will address the purpose for the various types of sampling, how samples are taken, and how they are analyzed. One will address ambient air. We do not plan to have a separate memorandum on how long Libby asbestos remains suspended in the air.

CAG Member Comment - The pathway for asbestos exposure here is breathing, so we need to know how long it remains suspended.

Response - This issue will be considered in the risk assessment. A drop test will be conducted if it would be helpful to assess risk. We may already have the data to address your concern.

CAG Member Comment - My concern goes to the issues of toxicity and risk. The faster Libby amphibole drops out of the air, the less potential exposure. Some experiments have indicated that Libby asbestos does not remain suspended, so the exposure may be less than is expected. This may mean that Libby asbestos is more toxic, given the amount of disease we are experiencing.

Reply - We have considerable data on toxicity and short-term exposure. We are working hard to address this issue.

CAG Member Comment - EPA's Living with Vermiculite brochure states that the risk of adverse health effects is a result of on-going high level exposure to tremolite. If the Libby amphibole drops out the air quickly, then this statement is wrong. The brochure should be withdrawn.

CAG Member Comment - Dr. Terry Spears with the Butte School of Mines did a drop test in 1997 with tremolite. The results are part of the court records.

CAG Member Question - Could EPA verify Dr. Spears test?

Answer - We have no plans to do so.

CAG Member Question - Has the State of Montana decided to adopt the EPA cleanup plan for the work in Troy?

Answer by Catherine LeCours - The State has not made a decision about the cleanup plan for Troy. The decision is on hold until after the ROD is issued for Libby.

TAG Report

Gayla Benefield reported on behalf of TAG. She introduced Dr. Gerry Henningsen, who has been in Libby this week. He will be here during most TAG/CAG meeting weeks. He is focused on actions related to the forthcoming ROD.

CAG Member Comment - I would like the TAG to look into the tree bark asbestos contamination issue. A lot of people are concerned about fiber being held in tree bark and EPA's response at the last meeting that relating this issue to contamination levels in homes and soils is a comparison of apples and oranges. We need a more informed explanation of why this situation is an comparison of apples and oranges.

Response - Dr. Ward's study is less than a year old, independent of EPA, and has not reached any conclusions. The TAG's primary focus is on residential cleanups and an acceptable ROD, not forest issues.

CAG Member Comment - What would EPA do if corresponding levels of asbestos in tree bark were found on private property?

Answer by Gerry Henningsen - If data are available, then EPA will examine this issue in the ROD. The TAG will look at the studies to see how EPA has evaluated them.

Answer by Peggy Churchill - The bark concentration data are not EPA data, and as such were not subject to the EPA sampling and analysis plan and quality control. The data were collected by the University of Montana (UM) researchers near the mine. EPA is supportive of the research and UM's efforts to understand its implications. The remedial investigation at the mine will address the concentrations of asbestos in tree bark in the nearby forest, the relevant exposure pathways, and their health implications. At present, EPA is focused on exposure pathways related to residences and the cleanup of residences. My comments last week about apples and oranges had to do with Dr. Ward's data and their relevancy to the residential cleanups. Dr. Ward reported number of asbestos fibers per unit of bark surface area. It is not clear how these values taken from textured surfaces of bark can be related to smooth surfaces inside residences.

CAG Member Comment - Dr. Ward reported both fibers per centimeter squared (i.e., surface area) and fibers per gram of bark after the bark was ashed. Near the mine, Dr. Ward reported 530 million fibers per gram of bark.

Response by Peggy Churchill - No one has commented on the health implications of these data. EPA will look at it in connection with the mine.

CAG Member Comment - People are concerned about the 530 million fiber number for tree bark. In fact, EPA is leaving behind billions of fibers in people's homes in walls and crawl spaces.

Response by Peggy Churchill - Asbestos fibers imbedded in tree bark cannot be compared to action levels used by EPA in residential cleanups.

CAG Member Comment - Bark is like skin; asbestos in bark can be sloughed off. Remember what Dr. Ward's research is about. He is attempting to use bark asbestos concentrations as an indicator of the plume from the mine. The CAG asked Dr. Ward to present results when he has some, and he has done so even though they are preliminary. He is not trying to "stir the pot."

CAG Member Comment - When Dr. Ward samples trees, he should also scrape the soil and determine soil concentrations. He found asbestos in the bark of trees growing on the school grounds. If the asbestos is sloughing off into the soil, then school kids may be tracking it into the schools. We need to know the correlation between bark and soil concentrations.

CAG Member Comment - We need to allow Dr. Ward to complete his study before we react to it.

Audience Member Comment - We are talking about two entirely different methods for counting fibers. The analogy of apples and oranges is correct until the two methods are correlated.

Comment by Gerry Henningsen - We can calculate the mass percentage of asbestos in tree bark,

but tree bark asbestos is not the same as asbestos dispersed in the soil. The issue will be addressed on its merits in the ROD, and the risk significance can be compared to other asbestos sources.
Response by Peggy Churchill - Bark asbestos concentrations cannot be compared to concentrations in bulk samples of insulation.

CARD Clinic Report

Mike Giesey reported on behalf of the CARD Clinic on the following subjects.

Baucus-Leavitt Visit - Senator Baucus and United States Health and Human Services (HHS) Secretary Levitt will hold a public meeting in this room tomorrow beginning at 2:30 p.m. They will also meet with the CARD tomorrow at 1:00 p.m. We have prepared a handout in preparation for the meetings tomorrow. (See Appendix 2 below.) It covers five subjects:

- ≡ The ability and flexibility to determine the scope of coverage needed to care adequately for the victims of asbestos-related disease (ARD);
- ≡ The ability to coordinate better clinical care with research opportunities;
- ≡ The elimination of the W.R. Grace Medical Plan's uncertainties about the scope and availability of coverage;
- ≡ The ability to coordinate better the covered benefits and payments with the provider and the patient; and
- ≡ The possibility of declaring a public health emergency until a trust fund can be created and adequately funded.

HNA- The CARD Clinic continues to struggle with HNA's (i.e., the administrator of the W.R. Grace Medical Plan's) changing its requirements and payments. Two weeks ago, we sent a letter to W.R. Grace asking for a conference call to discuss these problems. The letter was signed by the larger players in the Libby medical community, including the CARD Clinic, St. John's Lutheran Hospital, and the county commissioners. We will be getting a group together before this call to identify our concerns and develop an agenda for the call. We may, for example, ask that the W.R. Grace Medical Plan be administered locally instead of by HNA. The LAMP, which allocates W.R. Grace funds provided through the court fine, has demonstrated our ability to administer a fund in a fiscally responsible manner. Mr. Cochrane with W.R. Grace has responded that he is very interested in meeting with us. The conference call has been scheduled for March 29.

CAG Member Question - Are you planning to raise the Public Health Emergency Declaration tomorrow?

Answer - Our understanding is that the declaration was denied because W.R. Grace provided health care to the community through HNA. We will bring up this subject. Senator Baucus has requested, and we have provided, a copy of the CAG's letter to former HHS Secretary Tommy Thomson requesting the declaration. We don't know what Senator Baucus intends to do with the letter. The W.R. Grace Medical Plan is good on paper, but has implementation problems. HNA is trying to deny claims and W.R. Grace is trying to make the case that nothing much is wrong here.

CAG Member Comment - The rationale given to us for denying the Public Health Emergency Declaration made no mention of the health care provided by W.R. Grace. CDC's Dr. Julie Gerberding said it was denied because it had never before been issued.

Audience Member Comment - The lack of precedence was the only good reason not to declare a public health emergency, but declarations were issued after hurricanes Katrina and Rita.

CAG Member Comment - We asked ATSDR to provide Dr. Gerberding's justification for her decision not to make a declaration and for i historical formation about the establishment and responsibilities of ATSDR. We did not get a response.

Response by Dan Strausbaugh - I did respond to this request. I stated that I had neither the resources nor the time to provide the volume of materials used by the US Congress to develop the public health emergency sections of CERCLA.

Audience Member Question - People have received the so-called "comfort letter" from HNA stating that they do not have ARD. Will this subject be raised tomorrow?

Answer - We have informed Montana's Senators about these letters, and they may come up tomorrow.

Public Comment

CAG Member Comment - I also some time ago asked ATSDR to provide information about the 6.7% of Libby people screened by ATDSR who showed signs of ARD despite the fact that they reported no exposure to asbestos. We need to know as much as possible about these people except for their names, e.g., where they lived, how long they lived in Libby, etc. Maybe there is a pattern we could identify.

Response by Dan Strausbaugh - I also responded to this request, previously. The ATSDR officials who analyzed the screening information stated that a possible explanation is that people may have engaged in activities that exposed them in the past to asbestos, but did not remember these specific activities.

CAG Member Question - Is ATSDR continuing to examine the screening data?

Answer by Dan Strausbaugh - The screening data were published in a peer reviewed journal article. While information is being added to the data base, no routine ~~additional~~ analysis of the screening data is underway at ATSDR.

CAG Member Comment - A study comparing the results of CT-scans with B-readers examination of x-rays has recently been published.

CAG Member Comment - Several months ago, I was critical of the EPA cleanup. I was told that they are doing everything they can. In my mind the cleanup is still unacceptable. EPA is deliberately leaving asbestos behind. I agree, however, that the problem is not EPA, but the laws and policies under which they are working. We need to get to work on changing the laws and policies so that we can get the cleanup right.

Audience Member Comment - Les Skramstad is in the hospital with pneumonia.

Next Meeting

Because of Easter week, the next CAG meeting was moved from the second to the third Thursday in April. The next meeting is scheduled for 7:00 to 9:00 p.m. on April 20, 2006 in the Ponderosa Room of Libby City Hall.

Appendix 1
CAG Member & Guest Attendance List
March 9, 2006

Members

David Latham
Mike Gieseey
K.W. Maki
Clinton Maynard
Ken Hays
Ted Linnert
Peggy Churchill
Catherine LeCours
LeRoy Thom
Gayla Benefield
Gary Swenson
Eileen Carney

Group/Organization Represented

The Montanian Newspaper
CARD
Libby Schools
Area Asbestos Research Group
Senior Citizens
EPA-Denver
EPA Project Manager
DEQ
LAMP/CARD
LCAVRO/TAG
Libby Volunteer Fire Department
Montana State Board of Respiratory Care

Guests

Dan Strausbaugh
Dr. Gerry Henningsen

Agency for Toxic Substances and Disease Registry
TAG Technical Advisor

Appendix 2

ADVANTAGES TO THE ESTABLISHMENT OF A LIBBY MEDICAL TRUST FUND

****THE ABILITY AND FLEXIBILITY TO DETERMINE THE SCOPE OF COVERAGE NEEDED TO ADEQUATELY CARE FOR THE VICTIMS OF ARD**

- *Libby is fortunate to have two very well respected and highly qualified physicians in the field of asbestos related disease HERE to see patients on a daily basis
- *It is not in the best interest of ARD patients to have an indifferent, physician in New Jersey deciding their day-to-day treatment program without ever seeing them in a clinical setting
- *Nor is it prudent to force patients to travel several hundred miles to see a physician selected by HNA when the care is available locally

****THE ABILITY TO BETTER COORDINATE CLINICAL CARE WITH RESEARCH OPPORTUNITIES**

- *Since the Libby amphibole asbestos disease is a NEW presentation of an old disease-the disease associated with chrysotile asbestos, it is imperative that the clinical experts currently available in our community are given every opportunity to work closely with researchers
- *It is imperative that the researchers have the opportunity to interact with ARD patients on a “one-on-one” basis. Today’s diseased and dying are the key to finding successful treatment opportunities for our exposed generations of children

****THE ELIMINATION OF THE LIBBY MEDICAL PLAN’S UNCERTAINTIES IN RESPECTS TO THE SCOPE AND AVAILABILITY OF COVERAGE**

- *The stress of dealing with an “at-will”, inconsistent program as currently provided by WR Grace is often times another “burden” not a “solution” for patients
- *Because of HNA’s patient management procedures, grave concern is developing in respects to the privacy and confidentiality of the patient/doctor relationship and their right to secure health information for claims processing purposes

****THE ABILITY TO BETTER COORDINATE COVERED BENEFITS AND PAYMENTS WITH THE PROVIDER AND THE PATIENT**

- *The LAMP program currently administered by a local community based group of citizens of varied backgrounds is extremely successful in providing a wide variety of services to ARD patients and has done an incredible job of maximizing the 2.75 million dollars court awarded WR Grace fine money
- *It is imperative that the community be provided with a stable trust fund that addresses the many complexities of living with ARD and again is administered by a financially responsible, community based board of directors familiar with the “uniqueness” of the Libby situation
- *We must provide better case management services for our patients. They need to concentrate on living with this inflicted disease; the attending health care professionals need to focus on the coordination of benefits for them

****THE POSSIBILITY OF DECLARING A PUBLIC HEALTH EMERGENCY ACTION UNTIL THE TRUST FUND CAN BE CREATED AND ADEQUATELY FUNDED**

- *Knowing that the trust establishment process will take time, the community needs to be assured that adequate “stop gap” measures are in place to insure the continuity of care to those patients in need of comprehensive health care services